MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025851 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6970

FILED JUL 12 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2	21	9	7
4	0		
5	1		
7	1		
8	2		
12	90-0		
	90		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 40 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4541 Laclede
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 4541 Laclede
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First JAMES Middle E. Last FELTS

4. DATE OF DEATH: Month July Day 2 Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 9/25/08

9. AGE (last birthday): 54

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driver

10b. KIND OF BUSINESS OR INDUSTRY: Carling Brewing Co.

11. BIRTHPLACE (City and state or country): McCarley, Miss.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: George E. Felts

13b. MOTHER'S MAIDEN NAME: Ella Belle Shaw

14. NAME OF HUSBAND OR WIFE: Ruth Felts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): No

NO. 23

17. INFORMANT: Ruth Felts, 4541 Laclede, St. Louis, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Squamous Cell Caranoma Lymph Glands of Neck
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Ca of Rt Tonsil (Independent) 5 mos
DUE TO (c): Mets of Neck
INTERVAL BETWEEN ONSET AND DEATH: 1 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1980

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 31, 1956 to 7/2/1963 and last saw him alive on 7/2/63

Death occurred at 9:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James R Nikas, MD

22b. ADDRESS: Medical West Bldg Clayton

22c. DATE SIGNED: 7/3/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 7/5/63

23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis Co., Missouri.

24. FUNERAL DIRECTOR ADDRESS: McLaughlin, 2301 Lafayette Ave., St. Louis 4, Mo.

25. DATE RECD. BY LOCAL REG.: JUL 5 1963

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

NAKADA
950 FRANCIS PL
TIL 1 P.M.

STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student-Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James P. Chapman

Licensed Embalmer No. 4550

P.O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.